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ABSTRACT

The term "psychological-mindedness" is used frequently. It is thought necessary to facilitate the therapeutic process. Clients who are psychologically minded are expected to benefit more fully from the process of therapy. Psychological-mindedness of a client may also play a role in motivation, which is regarded as having an enormous influence upon outcome. It is expected that the therapist be psychologically minded. It has been noted that it may be problematic when and if this same approach generalizes to the life of the therapist outside the therapy session. The overdevelopment of psychological-mindedness of a therapist may adversely affect clients in two ways. Therapists who are themselves emotionally drained and unable to experience close interpersonal relationships may not be well equipped to coach others toward new and better patterns of behavior and relationships. Teaching psychological-mindedness to clients may, especially in the case of more psychoanalytic therapies, teach skills and ways of interacting which are not appropriate to everyday life. Clients having interpersonal difficulties must learn not only to relate to the therapist in an appropriate manner, but must learn how to relate to people in their environment. Beginning therapists must not only learn to utilize and expand their own psychological-mindedness, but also need to learn to utilize boundaries, thereby confining it to specific areas of their life. (ABL)

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Psychological Mindedness:

A review of its development, use and overuse

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RUNNING HEAD: Psychological Mindedness.

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Abstract

The term 'psychological-mindedness' is used frequently. It is thought necessary to facilitate the therapeutic process. Clients who are psychologically minded are expected to benefit more fully from the process of therapy. It is expected that the therapist be psychologically minded. It has been noted that it may be problematic when and if this same approach generalizes to the life of the therapist outside the therapy session. That very skill which makes therapy possible, may be disruptive in the day-to-day life of the therapist. It is here suggested that beginning therapists must not only learn to utilize and expand their own psychological-mindedness, but need also to learn to utilize boundaries, thereby confining it to specific areas of their life.

Psychological Mindedness:

A review of its development, use and overuse

Psychological-mindedness on the part of the client is generally accepted as facilitating favorable therapeutic outcome. It is taken for granted that the therapist will possess some level of psychological-mindedness. There is likely more emphasis on this in psychoanalytic or longer-term therapies, but it is seen as a valuable asset in brief therapies as well. It is only recently that the effects of this approach on the lives of therapists has been examined. It may be that there are negative as well as positive effects on the lives of therapists and clients. It may be possible, not only to learn psychological-mindedness, but to learn to limit it's use.

Definition

The term 'psychological-mindedness' is used to describe that trait which makes psychotherapy possible. Farber (1985) has defined psychological-mindedness as "a trait which has at it's core the disposition to reflect upon the meaning and motivation of behavior, thoughts, and feelings in oneself and others" and believes that it's presence means that "behavior is seen not just in terms of actions, but in terms of patterns (p. 170). Bagby, Taylor, Graeme, and Ryan (1986) have further suggested that psychological-mindedness may correlate with need for cognition. This factor includes viewing one's problems as psychological in nature, coming to therapy out of curiosity and a desire to know more about one's self, placing importance on psychological well-

being, positive expectations about therapy, and therapist, and the ability to be introspective (Rosenbaum and Horowitz; 1983). It's absence has been described by Brill and Storrow as "low estimated intelligence, a tendency to view the problem as physical rather than emotional, a desire for symptomatic relief, lack of understanding of the psychotherapeutic process, and lack of desire for psychotherapy" (1960, cited in Garfield & Bergen; 1986 p. 223, and 1978, p. 199). These factors described by these authors are those which make psychotherapy difficult, if indeed at all possible.

Importance to Therapy

Client level of psychological-mindedness itself is recognized as an important individual variable affecting the outcome of therapy. It is included in dimensions of personality functioning which are thought to be useful in predicting the patient's appropriateness for therapy. Strupp and Binder list "willingness to examine feelings" and "motivation for treatment offered" as two of their six criteria for identifying patients who may benefit from treatment. (1984, p.57)

Psychological-mindedness of client may also play a role in motivation, which is regarded as having an enormous influence upon outcome. Rosenbaum and Horowitz (1983) have suggested this, and further note that motivation is a crucial determinant for treatment outcome. Several studies have found that therapist evaluation of client motivation is significantly related to outcome (Baer, Dunbar, Hamilton, & Beutler, 1980; Strupp, Wallach, Wogan, &

Jenkins, 1963, cited in Garfield & Bergin, 1986, p. 239). Other studies have found that ratings (independent of therapist or investigator) of client motivation are significantly related to therapy outcome (Hartley & Strupp, 1983; Malan, 1976; Prager, 1971; and Landfeild, 1971, cited in Garfield & Bergin, 1986, p. 239).

There may be differences in the importance of psychological-mindedness across various therapies, but more research is needed in this area. Horowitz (1983, cited in Rosenbaum & Horowitz, 1983, p. 349) found that, in brief psychotherapy of stress response syndromes, the psychological-mindedness variable does not seem to be significantly related to outcome. It seems likely to play a greater role in more psychodynamically oriented or long-term therapies, because of the increased focus on history and underlying cause of symptom.

Development

There is some disagreement about how individuals become psychologically minded.

Therapists may learn this as a skill; they may also choose to become therapists as a result of it. It has been suggested that those who choose to become therapists may be more introspective than others as a result of learning and growth experiences that have occurred before the decision to pursue this course of study (Farber, 1983). Guy (1987) places greater emphasis on the learning that takes place once one has chosen this field. Guy states that "while it appears that those who are attracted to psychotherapy as a profession are often already psychologically-minded..., it is

intensified and reinforced by the very nature of the training, supervision, and work experience of the developing psychotherapist" (p. 31). The increasing ability to engage in psychological thinking is likely to become a way of life, rather than a therapeutic skill.

This dualism is present when examining patients as well. Certain patients may need to be encouraged to develop this skill as a preliminary step in therapy. Others may have chosen to enter therapy in part due to being psychologically minded. They may be more open to this as a way of dealing with crisis or difficulties, as this approach is already within their repertoires. There is also some evidence that this can be learned. Rogalski (1987) has had success in educating patients to become more psychologically-minded. It is further possible that the more traditional psychotherapies are not as appropriate for non-psychologically minded individuals, in which case it may be more appropriate to use more behavioral interventions.

Impact on Therapist

Recent research has focused on the ways in which the practice of psychotherapy may impact the life of the therapist. Farber's (1983) research suggested that the therapeutic role often becomes pervasive and serves to enhance the self-confidence of the helper. According to Phillips and Lee (1986), "psychologists may construct a role conflict by allowing psychological-mindedness to enter into all areas of their functioning. They cannot allow themselves to act like ordinary people, for fear of self-disclosure or the

downfall of their ideal selves". This desirable therapeutic ability to understand at levels unusual in day-to-day life may cause difficulties when it generalizes to areas and relationships outside the therapy sessions.

Farber (1983, 1985 & 1989) and Guy (1987) suggest that the psychological-mindedness may enter into the therapist's personal life. They believe not only that it is usually inappropriate, but that it can limit spontaneity, inhibit intimate relationships, and can be used to both control and emotionally exclude those around them. Farber (1985) points out that the intense focus on emotional life may be stressful for the trainee. This may be limited to the psychoanalytic approach, as there is a greater emphasis in other approaches on symptom relief, listening, and interview skills, and the "here and now" among others. Certainly, these negative effects seem pronounced among psychoanalytic psychotherapists. Becker, Malcolm, Little, and Kernberg (1973, 1981, 1951, & 1963, cited in Farber, 1985) list such negative side effects as emotional impoverishment, rigidity, competitiveness, and a phobic attitude towards the display of feelings. It is important to note that Farber's definition, unlike the others, included "underlying motivations". It may be not so much that it is overgeneralization of psychological-mindedness that is problematic, but the overgeneralization of the psychoanalytic focus which functions through use of this way of thinking.

Ethical Difficulties

There are potential ethical problems with this

overgeneralization as well. Eber (1984, cited in Phillips & Lee, 1986) and Farber (1985) suggest that the therapeutic role may become pervasive and serve to enhance the therapist's self-esteem. Phillips and Lee suggest that psychologists may bring "baggage" to interpersonal relationships which gives all relationships a therapeutic flavor. They further state that this may lead to ethical dilemmas, as the Ethical principals of Psychologists clearly states the need to be aware of their abilities to influence the behavior of others. Dual relationships are at worst, unethical, and, at best, problematic. Psychologists must be extremely careful in their personal relationships not to play a dual role.

Adverse Effects on Clients

The overdevelopment of psychological-mindedness may adversely affect clients in two ways. Therapists who are themselves emotionally drained and unable to experience close interpersonal relationships may not be well equipped to coach others toward new and better patterns of behavior and relationships. Teaching psychological-mindedness to clients may, especially in the case of more psychoanalytical therapies, teach skills and ways of interacting which are not appropriate to everyday life. Clients having interpersonal difficulties must learn not only to relate to the therapist in an appropriate manner, but must learn how to relate to people in their environment. These are two very different ways of interacting.

Little if any research has examined the impact of overuse on

the lives of clients, who could experience difficulties similar to those of the therapists. Psychological mindedness in the lives of therapists has been discussed. Therapists who utilize their psychological mindedness in everyday lives may experience difficulties in their interpersonal relationships. They may also experience burnout as what they are really doing is working at all times. This may also apply to those clients who are psychologically minded. While this is appropriate and desirable even necessary to psychotherapy, clients may experience similar difficulties when this generalizes to their everyday lives.

Limit Setting

Psychological-mindedness seems to be an important and valuable skill, but may be a "double-edged sword" (Farber, 1985, p. 174), useful and desirable in moderation. It is hoped that future research will compare specific therapies and the relationship, between therapeutic orientation and problems related to overuse of psychological-mindedness on the part of the patient as well as that of therapist.

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Author Notes

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